



2015 BLOOMINGTON POLICE DEPARTMENT TEEN ACADEMY APPLICATION

Print or type clearly – Please use black ink

Name: _____

Sex: ☐ Male ☐ Female Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home#: () _____ Cell #: () _____

Age: _____ Date of Birth (must be 13 - 17 yrs. old): ____/____/____

School Attending: _____ Grade: _____

T-Shirt: SMALL ____ MEDIUM ____ LARGE ____ XLARGE ____ XXLARGE ____

Parent Name(s): _____ Cell Phone #: _____

Please list any medical issues, medicines, allergies: _____

In case of emergency please contact:		
Name: _____	Relationship: _____	
Email: _____		
Home # _____	Cell # _____	Work# _____

I understand that the 2015 Law Enforcement Teen Academy is a five day commitment that begins on Monday, July 27th, 2015 and ends on Friday, July 31st, 2015. I also understand that in order to attend the Academy I must submit this application along with the Academy Waiver.

Teen Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____